

## **Recognition Controlling Body Registration Form**



Application for the Recognition as a Recognised Controlling Body

Controlling Body Details		
Registered Name		
Trading Name		
Company / CC / Trust Reg No.	Registration Date (CCYYMMDD)     Business Commencement Date (CCYYMMDD)	Financial Year End (MM)
Income Tax Ref	PAYE Ref No.	VAT Reg No.
Contact Details		
Bus Tel No.		
Cell No.		
Email		
Web Address		
Physical Address Details		
Unit No.		
Street No. Street / Farm Name		
Suburb / District		
City / Town	Country Code	Postal Code
Postal Address Details		
Mark here with an "X" if same as above or complete your Postal Address	Is your Postal Address a Street Address? Y N	
Postal Agency or Other Sub-unit (if applicable) (e.g. Postnet Suite ID)		
PO Box Private Bag Other PO Special Service (specify)	Number	
Post Office	Country Code	Postal Code

## **Recognition of Controlling Body** Criteria

issued by SARS in March 2013?	
Minimum Qualification and Experience	Y N
Continuing Professional Education	Y N
Codes of Ethics and Conduct	Y N
Disciplinary Codes and Procedures	Y N

Does the controlling body meet each of the following criteria, as specified in the Criteria for the Recognition of Controlling Bodies

## If the answer to any of the above is "No", please provide an explanation

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## Supporting Documents Required

- Copy of the controlling body's most recent audit report

- Copy of the controlling body's code of ethics and conduct

- Copy of the controlling body's disciplinary process

- Copy of the certificate of Registration / Incorporation

Declaration										
I declare that:  The information furnished in this application including the supporting documents is true and correct in every respect; and	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
<ul> <li>I am duly authorised to complete and sign this form on behalf of the controlling body; and</li> <li>The controlling body agrees to provide SARS with a membership list to verify the membership details; and</li> <li>I understand that there may be delays in processing the application should any of the required supporting documents not be attached.</li> </ul>										
Date (CCYYMMDD)	For enquiries go to www.sars.gov.za or call 0800 00 SARS (7277)									
Capacity										
For Office Use										
Reference No.       Date (CCYYMMDD)										